

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED MAR 11

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7855
State File No.

Registration District No. 341

Primary Registration District No. 61222

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Liberty Twp. Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adaline Brown

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T. M. Brown 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept. 28 1877 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 29 hr. min.

9. Birthplace Clay Co. Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Joseph White

12. Name Clay Co. Tenn. (City, town, or county) (State or foreign country)

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name No record (City, town, or county) (State or foreign country)

15. Birthplace T. M. Brown (City, town, or county) (State or foreign country)

16. (a) Informant Dexter, Mo. #2 (b) Address

17. (a) Burial (b) Date thereof 2/28/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C. Dowdy Cem.
18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.
19. (a) 3/1-43 (b) Nora Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Liberty Twp. Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1943 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 17 1943 to Jan. 17 1943
that last saw her alive on Jan. 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Colon
Duration

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. Cannon 2 (M.D. or other) 20.
Address Dexter, Mo. Date signed 2/4/43

RECEIVED

District Health Office No. 2

District File Number 343-346

Date Filed 3-8-43

MAR 29 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.